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T-013 P.004/024 F-108

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PTO/SB/01 (6-95)

Approved for use through: 10/31/98 OMB 0851-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO  
Rev. 6/95U.S. Department of Commerce  
Patent and Trademark Office**DECLARATION FOR  
UTILITY OR DESIGN  
PATENT APPLICATION**☐ Declaration  
Submitted  
with Initial Filing

OR

☒ Declaration  
Submitted after  
Initial FilingAttorney Docket  
Number

U 0210 CC/CSAP

First Named  
Inventor

Gross, Stephen F.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THICKENERS FOR METHYL ESTER MICROEMULSIONS**

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §386(b) of any foreign application(s) for patent or inventor's certificate, or §386(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

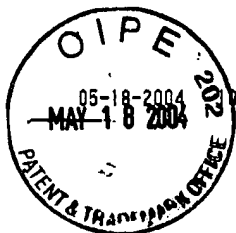
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
60/440,988	01/17/2003	

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



05-18-2004  
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## DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name  Customer Number  or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
John E. Drach	32,891	Steven J. Trzaska	36,296
Aaron E. Ettelman	42,516		

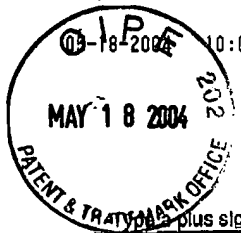
☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number  or label  23857 OR ☐ Fill in correspondence address below

Name   
Address   
Address   
City  State  Zip   
Country  Telephone  215-628-1416 Fax  215-628-1345

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name	Stephen	Middle Initial	F.	Family Name	GROSS	Suffix e.g. Jr.			
Inventor's Signature	<i>Stephen F. Gross</i>				Date	1/9/04			
Residence: City	Souderton	State	PA	Country	USA	Citizenship	USA		
Post Office Address	152 Chester Ct.								
Post Office Address									
City	Souderton	State	PA	Zip	18964	Country	USA	Applicant Authority	
<input checked="" type="checkbox"/> Additional Inventors are being named on supplemental sheet(s) attached hereto									



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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	John			Middle Initial	F.	Family Name	HESSEL			Suffix e.g. Jr.			
Inventor's Signature	<i>John T. Hessel</i>						Date	1-9-04					
Residence: City	Doylestown			State	PA	Country	USA			Citizenship	USA		
Post Office Address	2097 Country Club Dr.												
Post Office Address													
City	Doylestown			State	PA	Zip	18901			Country	USA		
Applicant Authority													
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Timothy			Middle Initial	C.	Family Name	MORRIS			Suffix e.g. Jr.			
Inventor's Signature	<i>Timothy C. Morris</i>						Date	1/9/04					
Residence: City	Morton			State	PA	Country	USA			Citizenship	USA		
Post Office Address	861 Agnes Avenue												
Post Office Address													
City	Morton			State	PA	Zip	19070			Country	USA		
Applicant Authority													
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip				Country			
Applicant Authority													
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name				Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature							Date						
Residence: City				State		Country				Citizenship			
Post Office Address													
Post Office Address													
City				State		Zip				Country			
Applicant Authority													
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto													